

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		1		1	53						
4		0		1		1	54						
5		0		1		1	55						
6		0		1		1	56						
7		0		1		1	57						
8		0		1		1	58						
9		0		1		1	59						
10		0		1		1	60						
11		0		1		1	61						
12	1		1		1		62						
13		1		1		1	63						
14		2		1		1	64						
15		0		1		1	65						
16		0		1		1	66						
17		0		1		1	67						
18		0		1		1	68						
19		0		1		1	69						
20		0		1		1	70						
21		0		1		1	71						
22							72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓	2	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←	17	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			21		19		TOTAL CLAIMS						